

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 7, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01509
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>A</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Heritage Park Development City of Lemoore 119 Fox Street Lemoore, CA 93245	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41152			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 20
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 55,080 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/15/03</u>	
b. Applicant	\$ 55,080 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <sup>00</sup>		
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 110,160 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 8/13/03		

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED December 12, 2003	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: West Patton Village Community Services District		Organizational Unit: Community Services District	
Address (give city, county, State, and zip code): P.O. Box 960, Herlong, CA 96113		Name and telephone number of person to be contacted on matters involving this application (give area code): Vivian Peterson, (530) 827-3377	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2473331		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: Rural Business Enterprise Grants		9. NAME OF FEDERAL AGENCY: US Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Herlong, Lassen, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Patton Village Community Services Business Center (See Project Summary)	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: U.S. Congressman John T. Doolittle	
Start Date 1/1/04	Ending Date 8/1/04	a. Applicant District 4	b. Project SAME
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 179,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE December 12, 2003	
b. Applicant	\$ 9,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 60,000.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 5,000.00		
f. Program Income	\$ .00		
g. TOTAL	\$ 253,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Roy V. Shaff		b. Title President	c. Telephone Number (530) 827-3377
d. Signature of Authorized Representative <i>Roy V. Shaff</i>		e. Date Signed December 12, 2003	

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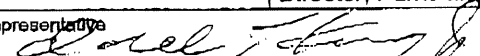
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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 20, 2002		Applicant Identifier N/A	
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01492	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: California Department of Parks and Recreation		
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 95706 California 06 94296-0001			Name and telephone number of person to be contacted on matters involving this application (give area code): Odel T. King, Jr. (916) 653-8758		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="text"/> A		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TITLE: Outdoor Recreation - Acquisition, Development & Planning			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-93590			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Wetlands Acquisition  Wildlife Conservation Board 1807 13th Street, Suite 103 Sacramento, Ca 95814		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/1/12	Ending Date 6/30/06	a. Applicant 03	b. Project 3		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	1,227,211 <sup>00</sup>			
b. Applicant	\$	1,227,211 <sup>00</sup>			
c. State	\$	00 <sup>00</sup>			
d. Local	\$	00 <sup>00</sup>			
e. Other	\$	00 <sup>00</sup>			
f. Program Income	\$	00 <sup>00</sup>			
g. TOTAL	\$	2,454,422 <sup>00</sup>			
		DATE 11/18/2003			
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Rusty Areias		b. Title Director, Parks and Recreation		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative 				e. Date Signed 7-8-02	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<b>1. TYPE OF SUBMISSION</b> Application Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name</b> City of Fresno		<b>Organizational Unit</b> Police Department	
<b>Address</b> 2326 Fresno Street Fresno, California 93721-1802		<b>Name and telephone number of the person to be contacted on matters involving this application</b> Garcia, Judy (559) 621-2053	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-6000338		<b>7. TYPE OF APPLICANT</b> Municipal	
<b>8. TYPE OF APPLICATION</b> New		<b>9. NAME OF FEDERAL AGENCY</b> Office on Violence Against Women	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> NUMBER: 16.590 CFDA TITLE: GRANTS TO ENCOURAGE ARREST POLICIES		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> The Fresno Family Justice Center; Establishing a community family justice center, designed to address family violence issues by serving as the umbrella of a multi-agency effort, it is critical to more efficiently provide support through victim advocacy, law enforcement intervention and preventative initiatives. Fresno Police Department is committed toward the safety of victims and their families by breaking the cycle of violence, insuring victims are able to access support and necessary social services available to them by bringing together professionals who provide those services into one centralized location.	
<b>12. AREAS AFFECTED BY PROJECT</b> Fresno California City of Fresno metropolitan area will be the primary service area; although services will be expanded to include the Fresno County area.			
<b>13. PROPOSED PROJECT</b> Start Date: July 01, 2004 End Date: December 31, 2005		<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant b. Project CA21 CA20	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
Federal	\$1,500,000	This preapplication/application was made available to the state executive order 12372 process for review on 12/09/2003	
Applicant	\$0		
State	\$0		
Local	\$0		
Other	\$0		
Program Income	\$0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
TOTAL	\$1,500,000	N	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.</b>			

Close Window

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/5/2003		Applicant Identifier 826262834 (DUN)	
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Natural Heritage Institute			Organizational Unit:		
Address (give city, county, State, and zip code): 2140 Shattuck Avenue, 5th Fl Berkeley, CA 94704			Name and telephone number of person to be contacted on matters involving this application (give area code): Gregory A. Thomas (510) 644-2900 x.12		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4108081			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):			A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) <u>Non-profit</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <u>Habitat Conservation</u> 11-463			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Restoring Salmon and other Anadromous Species</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Entire Central Valley of California plus southern CA and SF Bay and Delta</u>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 8/2004	Ending Date 8/2007	a. Applicant CA #9		b. Project 2-S, 10, 11, 16, 18-21, 23-52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	900,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>12/5/03</u>	
b. Applicant	\$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	350,000			
d. Local	\$				
e. Other	\$	550,000			
f. Program Income	\$				
g. TOTAL	\$	1,800,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Gregory A. Thomas		b. Title President		c. Telephone Number (510) 644-2900 x.122	
d. Signature of Authorized Representative				e. Date Signed 12/5/03	

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/5/2003		Applicant Identifier 826262B34 (DUN)	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name: Natural Heritage Institute			Organizational Unit:		
Address (give city, county, State, and zip code): 409 Spring St. Nevada City, CA 95959			Name and telephone number of person to be contacted on matters involving this application (give area code): Elizabeth Soderstrom (530)478-5694		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4108081			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> M A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <u>Habitat Conservation</u> 11-463			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coho Habitat Restoration in California and Southern Oregon		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): See Appendix C			13. PROPOSED PROJECT		
14. CONGRESSIONAL DISTRICTS OF: See Appendix D			15. ESTIMATED FUNDING:		
Start Date: 8/2004 Ending Date: 8/2007			a. Applicant: CA #4		
b. Project: See Appendix D			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,200,000			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant \$			DATE 12/5/03		
c. State \$ 1,050,000			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 150,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 2,400,000			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Gregory A. Thomas			b. Title President		
c. Telephone Number (510)644-2900x.101			d. Signature of Authorized Representative 		
e. Date Signed 12/5/03					

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/4/03	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Coastkeeper Alliance		Organizational Unit: Department: California Coastkeeper Alliance		
Organizational DUNS: 038947096		Division: n/a		
Address: Street: 2515 Wilshire Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Santa Monica		Prefix: Ms.	First Name: Chantal	
County: Los Angeles		Middle Name E.		
State: CA		Last Name Collier		
Zip Code: 90403		Suffix: n/a		
Country: USA		Email: kelp@lab@cacoastkeeper.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4834043		Phone Number (give area code) 310-548-0983		Fax Number (give area code) 310-548-0983
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O. Not For Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463		9. NAME OF FEDERAL AGENCY: NOAA - National Marine Fisheries Service		
TITLE (Name of Program): Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Southern California Regional Kelp Restoration Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Barbara, Ventura, Los Angeles, Orange and San Diego Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23, 41 b. Project Southern California Coast		
13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 8/31/07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/4/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal 9/1/04-8/31/05 \$ 408,167.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other 9/1/04-8/31/05 \$ 411,659.00 f. Program Income \$ .00 g. TOTAL 9/1/04-8/31/05 \$ 817,826.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Bruce		Middle Name
Last Name Reznik		Suffix n/a		
b. Title President		c. Telephone Number (give area code) 619-758-7743		
d. Signature of Authorized Representative		e. Date Signed 12/4/03		



OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12-5-2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Marin Conservation Corps		Organizational Unit:	
Address (give city, county, State, and zip code): 27 Larkspur Street San Rafael, CA 94901		Name and telephone number of person to be contacted on matters involving this application (give area code): Marilee Eckert, Exec. Dir. 415 454-4554	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2831592		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit org.</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: NOAA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community-based Habitat Restoration Partnership Program in Marin County, CA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County, Sonoma County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7-1-04	Ending Date 6-30-07	a. Applicant CA 6th and 8th	b. Project CA 6th and 8th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 600,889	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12-5-2003	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 160,816	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 573,895	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,335,600		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Marilee Eckert		b. Title Executive Director	c. Telephone Number 415 454-4554
d. Signature of Authorized Representative Marilee Eckert		e. Date Signed 11-14-03	

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

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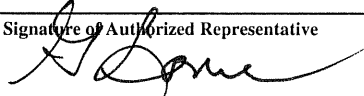
Org Name: LA CLINICA DE LA RAZA

UDS Number: 091230

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 11/25/2003	Applicant Identifier														
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier															
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 6 H80CS00631-02-03															
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: LA CLINICA DE LA RAZA		Organizational Unit:															
Address (give city, county, state, and zip code) 1515FRUITVALE AVENUE  OAKLAND, CA 94601 Alameda		Name and telephone number of the person to be contacted on matters involving this application (give area code) Jane García 510-535-4017															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 1941744108A1		<b>7. TYPE OF APPLICANT</b> (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Public Non-Profit															
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> HHS, BPHC															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Community Health Centers		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Continuation of primary health care services to a medically indigent population.															
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.): Alameda, Contra Costa, and Solano Counties		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          DEC - 8 2003  <b>STATE CLEARING HOUSE</b> </div>															
<b>13. PROPOSED PROJECT:</b> Start Date: 04/01/2001 Ending Date: 03/31/2006		<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant 9 b. Project 9, 13, 7															
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>4,293,417.00</td> </tr> <tr> <td>b. Applicant</td> <td>505,333.00</td> </tr> <tr> <td>c. State</td> <td>1,317,510.00</td> </tr> <tr> <td>d. Local</td> <td>4,734,786.00</td> </tr> <tr> <td>e. Other</td> <td>2,223,928.00</td> </tr> <tr> <td>f. Program Income</td> <td>19,857,903.00</td> </tr> <tr> <td>g. TOTAL</td> <td>32,932,877.00</td> </tr> </table>		a. Federal	4,293,417.00	b. Applicant	505,333.00	c. State	1,317,510.00	d. Local	4,734,786.00	e. Other	2,223,928.00	f. Program Income	19,857,903.00	g. TOTAL	32,932,877.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/01/2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	4,293,417.00																
b. Applicant	505,333.00																
c. State	1,317,510.00																
d. Local	4,734,786.00																
e. Other	2,223,928.00																
f. Program Income	19,857,903.00																
g. TOTAL	32,932,877.00																
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																	
a. Typed Name of Authorized Representative Jane García		b. Title CEO															
d. Signature of Authorized Representative Electronically Signed by: Jane Garcia		c. Telephone Number 510-535-4017 e. Date Signed 11/25/2003															

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming and Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  x New <input type="checkbox"/> Continuation    Revision  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District    N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 5 07</b> <b>TITLE 49 U.S.C. § 5307</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>City and County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>CA-90-Y197 - Fiscal Year 2004 Capital &amp; Operating Assistance</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date  <b>07-01-2003</b>	Ending Date  <b>06-30-2009</b>	a. Applicant  25 through 39, 42, 46	b. Project  <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 140,730,870	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>12/10/03</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ 30,546,406		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 171,277,273		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>GLADYS LOWE</b>		b Title Director Regional Grants Management & Administration	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed  <b>12/11/2003</b>	

Previous Editions Not Usable

UDS Number: 090210

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 6 H80CS00 6 H80CS0			
5. APPLICANT INFORMATION					
Legal Name: GARDNER FAMILY HEALTH NETWORK, INC.			Organizational Unit		
Address (give city, county, state, and zip code)  55 East Julian Street  SAN JOSE CA 95112			Name and telephone number of the person to be contacted on matters involving this  Reymundo C. Espinoza Chief Executive Officer  408 918-2682		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1941743078A1			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(e) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual (Specify) Other: Public Non-Profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Health Centers Health Care for the Homeless			9. NAME OF FEDERAL AGENCY: HHS, BPHC		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara County, State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Renewal application to operate 5 chc's and HCH health services.		
13. PROPOSED PROJECT: Start Date Ending Date 04/01/2000 03/31/2005		14. CONGRESSIONAL DISTRICTS O a. Applicant 16 b. Project 13, 14, 15, 16			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$4,476,877.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/02/2003  b. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
b. Applicant	\$0.00				
c. State	\$407,242.00				
d. Local	\$1,366,366.00				
e. Other	\$86,322.00				
f. Program Income	\$11,166,629.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$17,503,436.00	<input type="checkbox"/> YES If "Yes", attach an explanation <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Reymundo C. Espinoza			b. Title Chief Executive Officer		c. Telephone Number 408 918-2682
d. Signature of Authorized Representative					e. Date Signed

RECEIVED

DEC - 8 2003

STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/3/03	Applicant Identifier 051 274 694
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 12/3/03	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: SAVE SAN FRANCISCO BAY ASSOCIATION	Organizational Unit: Department:
Organizational DUNS: 051 274 694	Division: COMMUNITY - BASED RESTORATION
Address: Street: 1600 BROADWAY, SUITE 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: JASON
City: OAKLAND, CA	Middle Name: AVEEY
County: ALAMEDA	Last Name: MORRIS
State: CA Zip Code: 94612	Suffix:
Country: U.S.A.	Email: jmorris@savesfbay.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6078420	Phone Number (give area code): (510) 452-9261 Fax Number (give area code): (510) 452-9266
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) 0 : NOT FOR PROFIT ORGANIZATION Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463	9. NAME OF FEDERAL AGENCY: NOAA NATIONAL MARINE FISHERIES SERVICE
TITLE (Name of Program): HABITAT CONSERVATION	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY-BASED RESTORATION PROJECTS
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NINE-COUNTY SAN FRANCISCO BAY AREA	
13. PROPOSED PROJECT Start Date: APRIL 1, 2004 Ending Date: MARCH 31, 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant U.S. DIST. 9- CA STATE ASSEM. DIST. 16, SENATE DIST. 9 b. Project
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/3/03
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 20,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 15,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 65,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 200,000.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: MR. First Name: JASON Middle Name: AVEEY	
Last Name: MORRIS Suffix:	
b. Title: EDUCATION DIRECTOR	c. Telephone Number (give area code): (510) 452-9261
d. Signature of Authorized Representative	e. Date Signed: 12-3-2003

UDS Number: 091030

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 6 H80CS0C

**5. APPLICANT INFORMATION**

Legal Name: <b>ASIAN HEALTH SERVICES</b>	Organizational Unit:
Address (give city, county, state, and zip code)  <b>818 WEBSTER STREET</b>  <b>OAKLAND CA 94607</b>	Name and telephone number of the person to be contacted on matters involving this  <b>Sherry Hirota</b> Chief Executive Officer  <b>510-986-6837</b>

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

1942235908A1

**8. TYPE OF APPLICATION:**

<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuation	<input type="checkbox"/> Revision
------------------------------	--	-----------------------------------

If Revision, enter appropriate letter(s) in box(e) ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	Duration

**7. TYPE OF APPLICANT: (enter appropriate letter in box)****N**

- |                   |  |
|-------------------|--|
| A. State          | H. Independent School Dist.                        |
| B. County         | I. State Controlled Institution of Higher Learning |
| C. Municipal      | J. Private University                              |
| D. Township       | K. Indian Tribe                                    |
| E. Interstate     | L. Individual                                      |
| F. Intermunicipal | (Specify) Other: Private Non-Profit                |

**9. NAME OF FEDERAL AGENCY:**

HHS, BPHC

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

	Community Health Centers

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT**

Asian Immigrant and Refugee Primary Care Project of Alameda County

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**

Alameda County

**13. PROPOSED PROJECT:**

Start Date	Ending Date
04/01/2004	03/31/2005

**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant
9

b. Project
9

**15. ESTIMATED FUNDING:**

a. Federal	\$2,532,603.00
b. Applicant	\$1,733,629.00
c. State	\$232,329.00
d. Local	\$1,281,943.00
e. Other	\$2,452,282.00
f. Program Income	\$7,103,232.00
g. TOTAL	\$15,336,018.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCES**

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 12/01/2003

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372☒ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW**17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?**☐ YES

If "Yes", attach an explanation

☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

**a. Typed Name of Authorized Representative**

Sherry Hirota

**b. Title**

Chief Executive Officer

**c. Telephone Number**

510-986-6837

**d. Signature of Authorized Representative****e. Date Signed**

12/1/03

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

☐ Application  
☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

## 2. DATE SUBMITTED

12-2-2003

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Patricia's New Millennium Home (PNMH)

Address (give city, county, State, and zip code):

6210 St. Croix Dr., Bakersfield (Kern) CA 93313

Organizational Unit:

Cooperative Service Organization of Operating Employees

Name and telephone number of person to be contacted on matters involving this application (give area code):

Patricia L. Johnson (661) 333-5807

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

56-2396235

## 8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

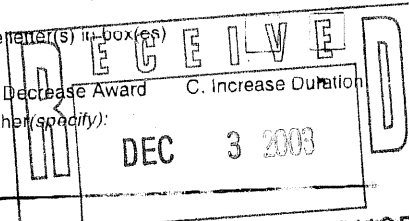
If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other (specify):



## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) 501(c)(3) nonProfit

## 9. NAME OF FEDERAL AGENCY:

Assistant-Governor, Rural Telephone Bank,  
U.S. Department of Agriculture

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

PNMH-Purpose of providing support services and assisted living for developmentally disabled adults.

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Grant and Loans to Telecommunications companies that then provide financing to small business.

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Bakersfield (Kern) CA.

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

5-1-04

5-1-06

99

99

## 15. ESTIMATED FUNDING:

a. Federal

\$

200,000

b. Applicant

\$

30,000

c. State

\$

d. Local

\$

e. Other

\$

30,000

f. Program Income

\$

g. TOTAL

\$

260,000

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 12-2-2003

b. NO ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Patricia L. Johnson

b. Title

Executive Director

c. Telephone Number

(661)-333-5807

e. Date Signed

12-2-2003

d. Signature of Authorized Representative

Patricia L. Johnson

Authorized for Local Reproduction



UDS Number: 091030

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER		6 H80CS0C	
<b>RECEIVED</b>					
5. APPLICANT INFORMATION					
Legal Name: ASIAN HEALTH SERVICES			Organizational Unit:		
Address (give city, county, state, and zip code) 818 WEBSTER STREET OAKLAND CA 94607			Name and telephone number of the person to be contacted on matters involving this Sherry Hirota Chief Executive Officer 510-986-6837		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942235908A1			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(s) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual (Specify) Other: Private Non-Profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Health Centers			9. NAME OF FEDERAL AGENCY: HHS, BPHC		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Asian Immigrant and Refugee Primary Care Project of Alameda County		
13. PROPOSED PROJECT: Start Date Ending Date 04/01/2004 03/31/2005		14. CONGRESSIONAL DISTRICTS a. Applicant b. Project 9 9			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$2,532,603.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/01/2003			
b. Applicant	\$1,733,829.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$232,329.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
d. Local	\$1,281,943.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$2,452,282.00	<input type="checkbox"/> YES If "Yes", attach an explanation <input checked="" type="checkbox"/> NO			
f. Program Income	\$7,103,232.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL	\$15,336,018.00	a. Typed Name of Authorized Representative Sherry Hirota		b. Title Chief Executive Officer	
d. Signature of Authorized Representative		c. Telephone Number 510-986-6837		e. Date Signed 12/1/03	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> October 9, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>OJAI PERFORMING ARTS THEATER FOUNDATION</u> Address (give city, county, State, and zip code): <u>654 THOMAS STREET</u> <u>OAKVIEW, CA 93022</u>		Organizational Unit:  Name and telephone number of person to be contacted on matters involving this application (give area code): <u>JOAN KEMPER (805) 649.1937</u>																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <u>36-7413361</u>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>NON-PROFIT ORG.</u> </div> </div>																														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b>  																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>110-7166</u> TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>OJAI PERFORMING ARTS THEATER</u> <u>AND ACADEMY at NORDHOFF HIGH SCHOOL</u>																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>OJAI CITY AND VALLEY, VENTURA COUNTY</u>																															
<b>13. PROPOSED PROJECT</b> Start Date <u>2003</u> Ending Date <u>2006</u>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <u>24th District</u> b. Project <u>24th District</u>																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td><u>10 million</u></td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td><u>5 million</u></td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td><u>15 million</u></td><td><u>0</u>.00</td></tr> </table>		a. Federal	\$	<u>10 million</u>	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$	<u>5 million</u>	.00	f. Program Income	\$		.00	g. TOTAL	\$	<u>15 million</u>	<u>0</u> .00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	<u>10 million</u>	.00																												
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a. Type Name of Authorized Representative <u>JOAN KEMPER</u>		b. Title <u>CEO</u>																													
d. Signature of Authorized Representative <u>Joan Kemper</u>		c. Telephone Number <u>(805) 649.1937</u> e. Date Signed <u>November 27, 2003</u>																													